

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706850

Entity Name: VERO BEACH THEATRE GUILD INC.**Current Principal Place of Business:**2020 SAN JUAN AVE
VERO BEACH, FL 32960**Current Mailing Address:**P.O. BOX 1502
VERO BEACH, FL 32961 US**FEI Number:** 59-6159056**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHORNER, JAMES A
1702 CLUB DRIVE
VERO BEACH, FL 32963 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JAMES A SCHORNER

01/19/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WYGONIK, MARK
Address 542 9TH PLACE
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name DUNLEVY, LEE ANN
Address 5735 23RD ST SW
City-State-Zip: VERO BEACH FL 32968

Title SECRETARY
Name STRAUSS, CAROLE
Address 11800 SEAVIEW DRIVE
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name LEMBECK, WILLIAM
Address 2465 45TH AVE
City-State-Zip: VERO BEACH FL 32966

Title T
Name SCHORNER, JAMES A
Address 150 S CAMELIA CT
City-State-Zip: VERO BEACH FL 32963

Title VP
Name EARMAN, BEN
Address 4375 9TH LANE
City-State-Zip: VERO BEACH FL 32966

Title DIRECTOR
Name HAEBERLE, ART
Address 515 6TH STREET
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR
Name MATTISON, JO ANN
Address 6406 FT. PIERCE BLVD
City-State-Zip: FT PIERCE FL 34951

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES A SCHORNER

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01/19/2014

Electronic Signature of Signing Officer/Director Detail

Date